

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | | | | |
|--|--|--|---|---|--|
| NAME OF COMMITTEE (In Full) National Campaign | | | FEC IDENTIFICATION NUMBER ▼ C C00563759 | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | | |
| Full Name of Payee Political Issue Advocacy LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014 | | |
| Mailing Address 1741 S. Cleveland Ave., Suite 199 | | | Amount 15750.00 | | |
| City State Zip Code Sioux Falls SD 57103 | | Transaction ID : SE.4570 Date of Disbursement or Obligation MM / DD / YYYY | | | |
| Purpose of Expenditure Phone banks | | Category/Type | | MM / DD / YYYY | |
| Name of Federal Candidate Dan Sullivan | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK | |
| Calendar Year-To-Date Per Election for Office Sought | | 15750.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | | | |
|---|--|---|---|--|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination MM / DD / YYYY | | |
| Mailing Address | | | Amount | | |
| City State Zip Code | | Date of Disbursement or Obligation MM / DD / YYYY | | | |
| Purpose of Expenditure | | Category/Type | | MM / DD / YYYY | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 15750.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 15750.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ann Mattson

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014